



Please remember to sign form.

Name (Last, First, MI)				
Address				or
City		State	Zip Code (9-digit)	(9-digit)
Home Telephone Number Work Telephone Nu		Number		Email Address
	•	Cour	sework Require	ed
You will need to	complete or doc			ing areas within the next 2 or 4 years:
The Interim Reciprocal Plan is req not met North Dakota standards.	quired for those a	applicant	ts who have graduate	ed from out-of-state education institutions but have
Date I will complete the requirements for	the Interim Recipro	cal Licens	se by:	
Applicant				Date
Transcript Reviewer				Date
Submit completed form and documen	ntation to: Educat	tion Stand	ards and Practices Roard	I

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age or disability as required by various state and federal laws.

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